SUPPLEMENT 1 TO ATTACHMENT 2.6-A Revision: HCFA-PM-91-4 (BPD) Page 7 AUGUST 1991 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY A State: ILLINOIS INCOME ELIGIBILITY LEVELS (Continued) QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL 2. SECTION 1902(f) STATES WHICH AS OF JANUARY 1, 1989 USED INCOME STANDARDS MORE RESTRICTIVE THAN SSI a. Based on the following percent of the official Federal income poverty Eff. Jan. 1, 1989: // 80 percent // _____ percent (no more than 100) Eff. Jan. 1, 1990: // 85 percent // _____ percent (no more than 100) Eff. Jan. 1, 1991: // 95 percent // _____ percent (no more than 100) Eff. Jan. 1, 1992: 100 percent

Income Levels

\$ 567 per month \$ 766 per month

TN No. 92-16 Supersedes TN No. 92-2	Approval	Date	6-5-92	Effective	Date1-1-92
TR NO				HCFA ID:	7985E

b. Levels:

Family Size

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State: ILLI	NOIS		
D. MED	CICALLY NEEDY	INCOME LEVELS (C	Continued)	
X	Applicable to a	all groups.	Applicable to a those specified group income la listed on an at	
(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for months urban only	Amount by which Column (2) exceeds limits specified in 42 CFR 435.10071/	Net income level for persons living in rural areas for months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.10071/
/ <u>x</u> /	urban & rural			
1	\$ 283	\$ -0-	\$	\$
2	\$ 375	\$ -0-		s
3	\$ 508	\$ -0-	<u> </u>	\$
4	\$ 558	\$ -0-	\$	\$
payı	\$ The agency has met	\$ hods for excluding lf of individuals	\$ from its claim fo whose income excee	\$ r FFP ds
IN No Supersec IN No		MAY 31 199	Effective Date	
			HCFA ID: 7989) E

Revision:

For each addi-

these limits.

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SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	ILLINOIS	- Action
	INCOME LEVELS (Continued)	OFFICIAL
	· · ·	

D. MEDICALLY NEEDY (4) (3) (5) (1) Net income level Amount by which Family Net income level Amount by which Column (2) exceeds limits for persons Column (4) protected for Size maintenance for living in exceeds limits one months rural areas for specified in specified in 42 CFR 42 CFR __months 435.10071/ $435.1007^{\frac{1}{2}}$ // urban only /X/ urban & rural \$ 650 -0--0-\$ 733 \$ 767 -0-\$ 808 -0-\$ 850 -0-10 900 -0-

tional person, add: \$ \$ \$ \$ \$

payments made on behalf of individuals whose income exceeds

TN No. 91-33 Supersedes Approval Date Z-19-92	Effective Date 10-1-91
TN No. 90-6 (Supplement 1 to Attachment 2.6-A, Page 5)	HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 9a OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	NOIS		Arria.
D. MED	ICALLY NEEDY	INCOME LEVELS	G (Continued)	ווון זיט
	Applicable to	all groups.	those specif group income	o all groups except ied below. Excepted levels are also attached page 3.
(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for one months urban only	Amount by whi Column (2) exceeds limi specified i 42 CFR 435.10071/	for persons ts living in	Column (4) exceeds limits r specified in
13	urban & rural			
11	\$ 942	\$ -0-	<u> </u>	<u> </u>
1 2	\$ 992	\$ -0-	<u> </u>	\$
1 3	\$ 1042	\$ -0-	<u> </u>	<u> </u>
14	\$ 1100	\$ -0-	s	<u> </u>
payr	\$ The agency has met		\$ ding from its claim als whose income exc	
TN No. Supersect TN No.	91-33 les Approva 00-6	1 Date <u>2-/9-</u> 9		Date 10-1-91

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>ILLINOIS</u>

INCOME LEVELS (Continued)



D. MEDICALLY NEEDY

(1)	(2)	(3)	(4)	(5)
Family	Net income level	Amount by which	Net income level	Amount by which
Size	protected for	Column (2)	for persons	Column (4)
	maintenance for	exceeds limits	living in	exceeds limits
	onemonths	specified in	rural areas for	specified in
_		42 CFR	months	42 CFR
_/	urban only	435.10071		$435.1007^{1/}$
/x./	urban & rural			
15	\$ 1158	\$ -0-	\$	<u> </u>
16	\$ 1217	• •	•	•
	→ 121/	<u> </u>		
17	\$ 1283	\$ -0-	\$	
18	\$ 1350	\$ -0-	\$	\$
9				\$
10	\$	<u> </u>	<u> </u>	\$
For each additional person,				
add:	\$ 67 monthly	5 -0-	\$	\$

 $^{1\prime}$ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

	Approval Date	2-19-92	Effective	Date 10-1-91
TN No. 90-6			HCFA ID:	7985E